MISSION CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

Substitute Teacher Poor Performance Report

Substitute Teacher's Name:	ID#:
Date Substituted:	Teacher Substituted for:
Grade/Subject:	Campus:
I hereby document the poor performance	of the above named substitute in one or more of the following areas:
The substitute teacher does not i	report to work on time
The substitute teacher displays p	poor grooming or inappropriate dress
The substitute teacher does not s	supervise the students outside the classroom setting as needed
The substitute teacher does not	perform assigned duties (bus duty, lunchroom, etc.)
The substitute teacher does not o	demonstrate competency in classroom management
The substitute teacher does not o	demonstrate competency in content area
The substitute teacher does not	maintain effective communication with students
The substitute teacher does not	maintain an orderly environment for learning
The substitute teacher does not t	follow the teacher's lesson plans
The substitute teacher does not a	assist students in small group activities
The substitute teacher does not o	demonstrate appropriate behavior with students (professionalism)
Comments:	
Principal's Signature:	Date:
(A copy will be provided to the Substitute Tead	cher)